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BULLETIN 12-21

Date: October 9, 2012

To: Insurers, Nonprofit Health Service Plans, and HMOs that Sell Health Benefit Plans in Maryland

Re: Summary of Benefits and Coverage

The purpose of this bulletin is to remind insurers, nonprofit health service plans and health maintenance organizations ("carriers") that the Maryland Insurance Administration is enforcing the requirements of the Affordable Care Act regarding the provision of the required Summary of Benefits and Coverage. This authority was granted to the Commissioner pursuant to § 15-137.1(a)(11) of the Insurance Article, Annotated Code of Maryland.

The requirements in Maryland for provision of the Summary of Benefits and Coverage are identical to federal requirements. The requirement to provide a Summary of Benefits and Coverage went into effect September 23, 2012. Please refer to 45 CFR 147.200, as published in the Federal Register on February 14, 2012.

Carriers are *not* required to file the Summary of Benefits and Coverage with the Maryland Insurance Administration, but are expected to keep documentation that the required documents were provided that can be reviewed by the Maryland Insurance Administration's Market Conduct staff.

Questions about this bulletin may be directed to the Life/Health Section of the Maryland Insurance Administration at 410-468-2170.

Signature on original

Brenda A. Wilson
Associate Commissioner
Life and Health Section